in study design and the availability of evidence for value demonstration. Systematic reviews and retrospective database studies investigating the efficacy and safety of existing therapies or supportive care, which allow for qualitative comparisons against the new therapy, were generally expected by most of the respondents. Cost-effectiveness analysis was required in some of the countries, with the rest expecting only a budget-impact analysis based on local epidemiological data. Findings were similar for therapies for diseases with low prevalence but without orphan drug designation. **CONCLUSIONS:** Unmet needs in rare diseases are high, and effective new therapies are welcomed and valued by payers in these key reimbursed markets in Asia. Decision makers are willing to show a degree of flexibility in their evidence requirements for these kinds of products.

PHP77

PHARMACEUTICAL BENEFIT ADVISORY COMMITTEE ACCEPTABILITY THRESHOLD RESULTS 2005-2011

Makarounas-Kichmann K[1], Ademi Z[2], Kirchmann M[3]
[1]*Monash University, FRANKSTON SOUTH, VIC, Australia,* [2]*University of Melbourne, Melbourne, Australia,* [3]*KMC Health Care, VIC, VIC, Australia*

OBJECTIVES: To examine the indicators of success in reimbursement application in Australia made by the Pharmaceutical Benefit Advisory Committee (PBAC), and describe the rationale behind it. Of interest is whether or not listing on the Pharmaceutical Benefit Scheme (PBS) is recommended based on the clinical evidence, the cost-effectiveness outcomes, political will, and whether there is clarity in the recommendations made for the subsidisation of drugs on the PBS. This examination is conducted in order to shed light on the basis of decision making and the impact of economic evaluations. **METHODS:** The method used in this analysis was to differentiate the medicines into those that have never been subsidised, those that are currently subsidised and those seeking listing of a new indication. Subsequently the rationales for a positive or negative recommendation for a PBS listing are reviewed and assessed using Public Summary Documents (PSD's). A the least squares linear regression analysis was undertaken in order to determine which variable impacted significantly on the PBAC's recommendation. **RESULTS:** In 2007, following 1 years worth of PSD's, the recommendations made by the PBAC were analysed and presented at the European iHEA. Five years later this paper presents a follow-up to that initial research and explores the recommendations made by the PBAC and the incremental cost-effectiveness ratios (ICER) which have factored into the reimbursement recommendations. Changes in the thresholds are explored and discussed. **CONCLUSIONS:** The PSD documents are now providing researchers with an opportunity to appreciate the decision making process and what influences bare upon a key decision maker, the PBAC. It sets an example of explicit decision making. The question that remains, however, is how transparent are the rules and whether the outcomes confirm the perceived league table.

PHP78

SIMILAR HTA, DIFFERENT ACCESS OUTCOME? COMPARISON OF ORPHAN ONCOLOGY DRUG ASSESSMENT IN SOUTH KOREA, AUSTRALIA AND THE UK

Saraf S, Akpinar P
PriceSpective Ltd., London, UK

OBJECTIVES: In general, demonstrating cost-effectiveness for orphan drugs including orphan oncology agents is challenging. Reasons include high incremental cost per QALY and insufficient clinical evidence. Even in an established Health Technology Assessment (HTA) system such as the UK, orphan oncology agents are often rejected as they are not cost-effective. In Asia-Pacific, South Korea and Australia employ a similar HTA system. HTA recommendations between the countries, however, are not always comparable. This research aims to understand the drivers for positive recommendations and implications for improved patient access to oncology treatments. **METHODS:** Review HTA recommendations in UK, Australia and South Korea for sunitinib, dasatinib, lenalidomide, imatinib and rituximab. Compare and contrast prices, level of clinical evidence and reimbursed patient populations in the context of the specific assessment criteria in each country. Identify drivers for positive recommendations. **RESULTS:** Of the selected drugs, more have received positive recommendations in South Korea and Australia than UK. A drug that receives a positive recommendation is usually priced lower in South Korea than Australia or the UK. Between Australia and UK, Australia tends to reimburse at a lower price. The level of clinical evidence has less impact on evaluations in South Korea. In the UK, if NICE recommends an orphan oncology drug, usually a patient access scheme is included. **CONCLUSIONS:** While pricing is not dictated by NICE in the UK, access remains highly regulated. Manufacturers often need to set up patient access schemes in order to prove their orphan oncology drugs cost-effective and optimize patient access. On the other hand, in South Korea, the HTA process is less defined and more driven by minimizing costs. While cost-effectiveness is the main driver for a positive recommendation, formal price negotiation processes in South Korea and Australia lead to access more consistently.

PHP79

REVIEW OF RESEARCH GUIDELINES FOR ECONOMIC EVALUATION PROPOSED BY THE GOVERNMENT AND GOVERNMENT-FUNDED RESEARCH GROUPS IN JAPAN

Ikeda S
International University of Health and Welfare, Ohtawara-city, Tochigi, Japan

OBJECTIVES: In Japan, introduction of economic evaluation of health policy issues such as pricing and reimbursement of drugs and medical devices is gaining attention; several research guidelines have been proposed for the same. We compared the key features of these guidelines and obtained suggestions for future research. **METHODS:** We reviewed literature using the Ichushi database (Japanese medical literature database) and the database on government-funded research reports, and also contacted investigators and experts for related information. **RESULTS:** Four guidelines were identified: Shiragami (2004) and Kamae (2007) groups, funded by the Ministry of Health and Welfare, Japan, proposed two guidelines on pharmaceutical pricing. The task force of the Ministry of Economy, Trade and Industry, Japan (2007) proposed one guideline on medical device policy. The Hirota group (2011), funded by the Ministry of Health and Welfare, Japan, proposed one guideline on vaccination strategy. Although the headings and structures of all guidelines were almost similar, significant differences were identified among them. For example, two guidelines recommended societal perspective, while the other two recommended consumer's perspective. In terms of outcome measures, QALYs were preferred in three guidelines, whereas one recommended "the proportions of patients who achieved target clinical results within 2 years." Trial use was not conducted to verify the feasibility of guidelines, except for the Hirota guideline for vaccination policy. In addition, some recommendations had a serious problem in terms of scientific rationality. **CONCLUSIONS:** There are significant variations in the key features among all four abovementioned guidelines, and even between the two sets of guidelines for pharmaceutical pricing decisions. To use an economic evaluation to aid rational resource allocation, official guidelines should be established with scientific rigor and integrity, and future discussions about feasibility are needed among various representatives from government, academia and industry.

HEALTH CARE USE & POLICY STUDIES - Health Care Research & Education

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EFFECTIVENESS OF MULTIDISCIPLINARY PERSPECTIVE INTERVENTION WITH COMMUNITY INVOLVEMENT IN DECREASING ANTIBIOTIC SALES IN VILLAGE GROCERIES IN THAILAND

Kulsomboon V[1], Arparsrithongsagul S[2], Zuckerman IH[3]
[1]*Chulalongkorn University, Bangkok, Thailand,* [2]*Mahasarakham University, Mahasarakham, Thailand,* [3]*University of Maryland School of Pharmacy, Baltimore, MD, USA*

OBJECTIVES: To evaluate a Multidisciplinary Perspectives Intervention with Community Involvement (MPI&CI) which was implemented to reduce antibiotics sales in village groceries which were illegal based on Thai Drug Act (1967). **METHODS:** MPI&CI was developed based on information obtained from focus groups that included multidisciplinary stakeholders. The intervention consisted of 1) communication about antibiotic knowledge; 2) investigation of availability of antibiotics in groceries; and 3) informing grocery owners when antibiotics were found for sale in their groceries. Community leaders in the intervention group were trained in a one-day workshop to implement MPI&CI in their villages. A quasi-experiment with pretest posttest measurement was conducted to assess the effect of MPI&CI. Data were collected from 20 villages in one district in Mahasarakham Province (intervention group), and in another 20 villages in a different district in the same province (comparison group). A generalized linear mixed model poisson regression with repeated measures was used to evaluate the effectiveness of MPI&CI. **RESULTS:** The results indicated that the intervention was effective at reducing the number of antibiotics available for sale in groceries. Groceries in the intervention group had 87% fewer antibiotics available at post-intervention compared with pre-intervention (relative rate 0.13, 95% CI 0.07, 0.23), while the control group had only an 8% reduction in antibiotic availability (relative rate 0.92, 95% CI 0.88, 0.97) between the two time periods. **CONCLUSIONS:** This study suggested that community involvement during development and implementation of the intervention is an effective approach for reducing antibiotics sales in village groceries in Thailand. Further study should be developed to assess the sustainability and long-term effectiveness of MPI&CI.

PHP81

FACTORS INFLUENCING INTERPROFESSIONAL COLLABORATION: A LITERATURE REVIEW FROM 2004-2011

Chang EH, Doucette WR
University of Iowa, Iowa City, IA, USA

OBJECTIVES: Interprofessional collaboration and team-based care have been regarded as important approaches to improve health care. Factors enhancing and prohibiting interprofessional collaboration in practice settings, however, are not fully understood. This study provides an updated literature review on factors influencing interprofessional collaboration from 2004-2011. **METHODS:** Databases including ABI/INFORM Global, CINAHL Plus, MEDLINE, PsycINFO, Sociological Abstracts, and ProQuest Dissertations & Theses were searched using keywords such as collaboration, team, interprofessional, interdisciplinary, determinant, and factor; and subject headings such as interprofessional relations (MeSH) and multidisciplinary care team (CINAHL). Only empirical studies conducted in patient care settings examining interprofessional collaboration were retained. Due to the large number of hits, article titles were screened prior to abstract screening and retrieval of full articles. Salient systematic, organizational, and interactional factors identified from the articles were summarized respectively. **RESULTS:** Over 7000 article titles were screened, 680 abstracts were retrieved, and 110 articles were retained. A wide range of qualitative (N=66), quantitative (N=34), and mixed methods (N=10) were used in these studies. The main systematic factors included regulatory and economic incentives, as well as professional culture differences and dominance of medical power. Organizational factors included leadership, physical space, staffing, and team training. Interactional factors, which have been studied the most extensively, included communication, team climate, shared purpose, awareness and respect. Additional factors included complexity of patient cases and team